T 0 1 2009 3		Application Number	Approved for use through 9/30/00. OMB 0651-00 Patent and Trademark Office: U.S. DEPARTMENT OF COMMER to a collection of information unless it displays a valid OMB control numb 10/526,003				
		Confirmation Number					
RANSMITT	AL	Filing Date	with an effe	ith an effective filing date of August 26, 2003 elmut SEIDLITZ and Eduard LACK			
FORM		First Named Inventor	Helmut SEII				
(to be used for all correspondence after initial filing)		Group Art Unit	1797				
		Examiner Name	Joseph W. I	DRODGE Fax: (571) 273-830			
Total No. of Pages in this Submissi	on: 10	Attorney Docket Number	HAFTOM PO	D2AUS			
		ENCLOSURES (check all t	hat apply)				
■ Fee Transmittal Form (in Duplicate)	[1]	☐ Assignment papers (for an Application)		☐ After Allowance Communication to Group			
■ Fee attached - Check \$		☐ Drawing(s)Annotated S Replacement Sh	heet(s)[] neet(s)[☐ Appeal Communication to Board of Appeals and Interferences			
Amendment/Response	[5]	☐ Licensing-related Papers		□ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information			
■ After Final		☐ Petition Routing Slip (PTC	D/SB/69)				
☐ Affidavits/declaration	` '	and Accompanying Petitio (DELETED - no long	n ger useful)				
Extension of Time Request [1] (in Duplicate)		☐ To Convert a Provisional	Petition[]	■ Additional Enclosure(s)			
□ Express Abandonment Request		☐ Power of Attorney, Revoc Change of Correspondence	ation ce Address . Π	(please identify below):			
□ Information Disclosure Stmt		☐ Terminal Disclaimer		Postcard			
		☐ Small Entity Statement .		·			
☐ Response to Missing Part/s Incomplete Application		☐ Request for Refund	0				
☐ Response to Missir under 37 CFR 1.52	ng Parts or 1.53						
REMARKS	SIGNA	ATURE OF APPLICANT, ATTO	DRNEY, OR AG	ENT			
	chael J. Bujol AVIS & BUJOI			Reg. No. 32,018 CUSTOMER NO. 020210			
Signature		Wall &	a de la companya della companya dell				
	eptember 2	8, 2009					
		CERTIFICATE OF MA	ILING				
hereby certify that this corres mail in an envelope addressed	pondence is b to: Commiss	peing deposited with the United sioner for Patents, P. O. Box 14	States Postal S 150, Alexandria,	Service with sufficient postage as first cla VA 22313-1450 on <u>September 28, 20</u>			
Signature		7 2000	ull	Date: September 28, 2009 (amp			

PTO/SB/17 (10-07)
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FEE TRANSMITTAL

□ Applicanto aims small entity status. See 37 CFR 1.27

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For FY 2008

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Application No. Filing Date First Named Inventor **Examiner Name** Art Unit

10/526,003 with an effective filing date of August 26, 2003 Helmut SEIDLITZ and Eduard LACK Joseph W. DRODGE

1797													
TOTAL AMOUNT OF PAYMENT: \$130.00						Attorney Docket No.			HAFTOM P02AUS				
METHOD OF PAYMENT (check all that apply)													
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
	☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee												
■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments under 37 CFR 1.16 and 1.17													
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULATION													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES													
		FILING F			SEARCH		EXAMIN						
	Application Type	Fee (\$)	Small E Fee (Fee (\$)	Small Entity Fee (\$)	Fee (\$)		ell Entity ee (4)	Fees Paid (\$)			
	Utility	330	165		540	270	220	110					
	Design	220	110		100	50	140	70					
	Plant	220	110		330	165	170	85					
	Reissue	330	165		540	270	650	325					
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2.	EXCESS CLAIM FEES Fee Description						Fee (\$)		Small Entity Fee (\$)				
	Each claim over 20 (including	g Reissues	s)				52 26						
	Each independent claim over	3 (includir	ng Reissu	ıes)		220			110				
	Multiple dependent claims						390		195				
	Total Claims	Extra Cla	ims	Fee (\$)	_	Fee Paid (\$)			Iltiple Dependent Claims				
	-20 or HP =		×	\$52/\$26	<u>5</u> =	F			ee (\$) Fee Paid (\$)				
	Indep. Claims -3 or HP +	Extra Cla	<u>ims</u> x	Fee (\$) \$220/\$	110 =	Fee Paid (\$)							
	HP = highest number of ind	lependent	claims p	aid for, if g	reater tha	an 3.							
3.	APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
	Total Sheets -100 =	Extra Sh	<u>eets</u> _ /50 =	No. of ea		onal 50 or fraction d up to a whole n		Fee \$2	(\$) 170/\$135	<u>Fee Paid (\$)</u> =			
4. OTHER FEE(S)								Fees Paid (\$)					
	Non-English Specification,	\$130 fee	e (no sma	all entity di	scount)					·			
Other (e.g., late filing surcharge): Petition for One Month Extension of term \$130.00													
SUBMIT	TED BY			\wedge			-						
Signature Telephone (603) 226-7490							03) 226-7490						
Name (Print/Type) Michael J. Bujold Registration No. (Atty/Agent) 32,018 Date: September 28, 200							mber 28, 2009						
						-							

PTO/SB/17 (10-07)
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Effective on 12/08/2004.

FEE TRANSMITTAL

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Applicant aims small entity status. See 37 CFR 1.27

For FY 2008

Application No. Filing Date First Named Inventor **Examiner Name** Art Unit

10/526,003 with an effective filing date of August 26, 2003 Helmut SEIDLITZ and Eduard Joseph W. DRODGE

Complete if Known

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FEE CA	ALCULATION								<u></u>			
1.	BASIC FILING, SEAR	BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILING F	FILING FEES SEARCH				ATION FEES	ION FEES				
	Application Type	<u>Fee (\$)</u>	Small E		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	<u>Y</u> _	Fees Paid (\$)		
	Utility	330	165		540	270	220	110				
	Design	220	110	2.4	100	50	140	70	_			
	Plant	220	110		330	165	170	85	_			
	Reissue	330	165		540	270	650	325				
_	Provisional	220	110		0	0	0	0	_			
2.	EXCESS CLAIM FEE: Fee Description	S					Fee (\$)		Small Entity	<u> </u>		
		Each claim over 20 (including Reissues)							Fee (\$) 26	•		
	Each independent clai	m over 3 (includir	ıg Reissu	es)			220	1	10			
	Multiple dependent cla	nims					390	1	95			
	Total Claims -20 or Hi	Extra Cla	ims x	Fee (\$) \$52/\$2	<u>6</u> =	Fee Paid (\$)		Multiple De Fee (\$)		laims ee Paid (\$)		
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	HP = highest number	r of independent	claims pa	aid for, if g	reater tha	ın 3.						
3.	If the specification an 1.52(e)), the applicat	APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U. 41(a)(1)(G) and 37 CFR 1.16(s).							ngs under 37 CFR . See 35 U.S.C.			
	Total Sheets -100 =	Extra She		No. of ea	ach addition	onal 50 or fraction d up to a whole r	n thereof number) x	Fee (\$) \$270/\$1	35 <u>F</u>	ee Paid (\$)		
4.	OTHER FEE(S)	_							<u>F</u>	ees Paid (\$)		
	Non-English Specifica	tion, \$130 fee	(no sma	ıll entity di	scount)				_			
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Signatu	re	Ver	but		Segue			Teleph	one (603)	226-7490		
Name (Print/Ty	ype) Mic	hael J. Bujold	— 			Registration No (Atty/Agent)	o. 32,018	Date:	Septembe	r 28, 2009		